

## **Filing a Complaint**

### **What are your rights?**

You have a right to expect a professional standard of conduct from a licensed ophthalmic dispenser (optician). If you believe an ophthalmic dispenser has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Ophthalmic Dispensers. As the body responsible for regulating the optician profession and protecting the public in matters related to ophthalmic dispensing, the Board will review your complaint and take appropriate action.

### **How does the complaint process work?**

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. A copy of the complaint will be forwarded to the individual and he/she will be given twenty (20) days to respond. The complaint and response will then be reviewed by the Board members at their next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against an ophthalmic dispenser as a result of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the ophthalmic dispenser has not met the prescribed standard of conduct, it has the authority to impose penalties ranging from suspension or loss of a license to a reprimand. A penalty may be reached by agreement between the Board and the ophthalmic dispenser.

### **What might I expect from filing a complaint?**

The complaint process is a detailed and careful one, and you should expect some delay. In every case the ophthalmic dispenser will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if the individual has not violated the laws governing this profession. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event the Assistant Attorney General assigned to the Board will assist you in preparing for the hearing. If the Board orders a specific sanction, the individual has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a ophthalmic dispenser, most portions of the investigative file will become "public record" which can be viewed by any individual who requests, in writing, to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. Patient records obtained in the process of investigation usually can be protected from disclosure as public records.

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

### **How do I make a complaint?**

You should complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. If your complaint refers to treatment of a specific patient, the patient must sign the "Client Agreement to Release Information" form as well. Complaints and release forms should be mailed to:

**KENTUCKY BOARD OF OPHTHALMIC DISPENSING**  
**PO BOX 1360**  
**FRANKFORT, KY 40602**

DATE RECEIVED: \_\_\_\_\_

COMPLAINT NO.: \_\_\_\_\_

**KENTUCKY BOARD OF OPHTHALMIC DISPENSING**  
**Complaint Form**

**Person Filing Complaint**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

**Name of Ophthalmic Dispenser**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_

**Name of Patient**  
(if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

Relationship to person filing complaint:

\_\_\_\_\_

**Name and phone number of any persons who may provide additional information**

1. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Type of Information \_\_\_\_\_

(Please be as specific as possible regarding names, dates locations, and actions which you believe to be improper, unethical or unprofessional.) Please attach copies of any documents or records pertinent to your complaint.

[illegible]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Send to:** BOARD OF OPHTHALMIC DISPENSING  
PO BOX 1360  
FRANKFORT KY 40602-1360

**Authorization for Release of Medical Records to  
The Kentucky Board of Ophthalmic Dispensers**

I, \_\_\_\_\_, the undersigned, do hereby authorize the full release of any and all medical and vision records, billing information, and medical and vision reports from \_\_\_\_\_, Licensed Ophthalmic Dispenser, regarding the history, diagnosis, and treatment of me while a patient/client/customer of the Ophthalmic Dispenser to the Kentucky Board of Ophthalmic Dispensers or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 326 against the ophthalmic dispenser. I understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and KRS Chapter 13B, or other applicable laws.

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient, or parent/legal guardian if  
Patient is under 18 years of age